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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G81037** (5)
1. Corporation Name
FLORIDA SITE SELECTORS, INC., RESIDENTIAL DIVISION

Principal Place of Business
**116 E. ALTAMONTE DR
SUITE 210
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address
**116 E. ALTAMONTE DR
210
ALTAMONTE SPRINGS FL 32701-4328
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/01/1984		04/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2468623		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBINSON, O. H.
194 SHADOW BAY BLVD S.
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81	Name	RONALD L. WILSON	
82	Street Address (P.O. Box Number is Not Acceptable)	1325 MAURY RD	
83			
84	City	ORLANDO	FL
85	Zip Code	32804	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ronald L. Wilson* **RONALD L. WILSON** DATE: **4-7-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RONALD L.	1.2 NAME	ROBINSON, ORRIS H.
STREET ADDRESS	116 E. ALTAMONTE DR ST. 210	1.3 STREET ADDRESS	165 DURHAM PLACE
CITY- ST- ZIP	ALTAMONTE SPRINGS FL	1.4 CITY- ST- ZIP	LONGWOOD, FL 32779
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ROBINSON, ORRIS H	2.2 NAME	
STREET ADDRESS	194 SHADOW BAY BLVD. S.	2.3 STREET ADDRESS	
CITY- ST- ZIP	LONGWOOD FL 32779	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald L. Wilson* **RONALD L. WILSON** DATE: **4/7/97** (407) 331-3696

CR2E034 (9/96)